

# Shared support plan

Purpose: for a consumer who requires multiple services, to support a coordinated approach. It shows who is involved in the consumer's care, the main issues, agreed goals developed together, planned actions and who is responsible for each action.

## Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number:

or affix label here

## Consent to share information

Before developing this plan, ensure consent to share information has been given using the *SCTT: Consent to Share Information*.

I (or support person) understand and agree to this plan:  Yes  No

I (or support person) have a copy of the plan:  Yes  No

Reason for this plan:

Who is involved in the shared support plan?

Name	Role or area of support <i>(for example person receiving support, care coordinator, carer, GP)</i>	Contact details	Participant in planning process <i>(Yes/No)</i>	Has a copy of plan <i>(Yes/No)</i>
	Main Contact <i>(for example Care Coordinator)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Shared support plan

What other plans are in place?

# Shared support plan

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What I would like to improve? <i>(Area of concern - list in order of priority)</i>	What I would like to achieve? <i>(Agreed goal)</i>	Agreed actions to be taken	By who	By when
1	1.1			
	1.2			
2	2.1			
	2.2			
3	3.1			
	3.2			

Shared support plan

## Other considerations

## Case conference *(Service provider use only)*

Who will coordinate it? \_\_\_\_\_

Who needs to be invited? \_\_\_\_\_

If a case conference has occurred, what were the key decisions? \_\_\_\_\_

Plan developed: dd/mm/yyyy / /

Review date: dd/mm/yyyy / /

Append more sheets as necessary.

Produced by the Victorian Department of Health, 2012

<b>This information collected by:</b>		SSP Page 2 of 3
Name:	Position/Agency:	
Sign:	Date: dd/mm/yyyy / /	Contact number:

# Review of shared support plan

Purpose: for use when the shared support plan is reviewed. It shows the outcomes/progress of agreed goals and planned actions.

## Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number:

or affix label here

<b>What I would like to improve?</b> <i>(Area of concern - refer to Shared Support Plan):</i>	<b>How is it going?</b> <i>(what has been the progress towards the goals)</i>

Shared support plan

What other plans are in place?

Case conference *(Service provider use only)*

Who will coordinate it? \_\_\_\_\_

Who needs to be invited? \_\_\_\_\_

If a case conference has occurred, what were the key decisions? \_\_\_\_\_

Initial Plan date: dd/mm/yyyy / /

Review date: dd/mm/yyyy / /

New Plan required:  Yes  No

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